

Dunn County Board of Supervisors and Committee Members Per Diem and Expense Form

<u>Date</u>	<u>Meeting</u>	<u>Per Diem</u>	<u>Reimbursable Expenses</u>				<u>Acct. #</u> <small>(For Office Use Only.)</small>
			<u>Mileage</u> <small>(\$0.585 X Miles)</small>	<u>Meals</u> <small>(not to exceed state rate per day)</small>	<u>Other</u> <small>(hotels, computer hookup etc.)</small>	<u>Total</u>	

Total Per Diem = _____

Total Expenses = _____

I, _____, a Dunn County Supervisor, or officially appointed member to a Dunn County Committee, do, on _____, 2022, hereby, swear that this statement of expenses and Per Diem is correct and true and that the sums charged were actually disbursed to me as stated in the account and that no part of the same has been paid to me.

Signed: _____

Date: _____

Approved by : (Name) _____ (Title) _____ (Date) _____, 2022